

Western Psychiatric Institute and Clinic

of UPMC Presbyterian Shadyside

Patient Name. JARZYNSKA JR, RICHARD

Patient ID. 00095180

Diagnosis

			Diagnosis	Severity	R/O	Specifier	Billable
1	Primary	296 80	Bipolar Disorder NOS	N			Y
3	Additional	799 9	Diagnosis deferred	N			Y

Diagnosis

		Diagnosis	Specifier
1	Economic problems	e g , extreme poverty, inadequate finances, insufficient welfare support	
2	Other psychosocial and environmental problems	e g , exposure to disasters, war, other hostilities, discord with nonfamily caregivers such as counselor, social worker, or physician, unavailability of social service agencies	

Type

		Type	Diagnosis
1	50	Current	Serious symptoms (e g suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e g no friends, unable to keep a job)

Medication Education:

I discussed the reasons for and potential benefits of the new medication

I reviewed the side effects, FDA warnings, and interaction profiles of relevant medications

The Patient/Guardian asked appropriate questions, appeared to understand the answers, and decided to accept the treatment and continue being followed

The Patient/Guardian is aware that no hazardous machinery including cars, should be operated (nor should the Patient do activities like crossing the street) when cognitive and motor functions are not completely intact and the patient is not perfectly alert

The Patient/Guardian is aware of the risks of using alcohol and/or substances and of the risk of combining alcohol and/or substances with the medications that are currently being prescribed

The Patient/Guardian is aware of the need to refer to the closest emergency room (WPICDEC - 412-624-2000) or call 911 in case new symptoms arise or in case the existing symptoms worsen

The Patient/Guardian is aware that this would apply to symptoms like suicidal ideation, homicidal ideation, high risk behaviors, manic symptoms, psychotic symptoms, physical symptoms, or any other symptoms that may be dangerous to self or others

Treatment Recommendations:

Continue with current medication Follow up in three months

Allergies

Pt denies

Medications reconciled including but not limited to prescribed medications (including samples), over the counter drugs, topical medications, eye drops, inhalants, pharmacologically active herbal supplements

No

Pregnant:

Weeks.

Lactating:

Comments:

Electronically signed by PRABIR MULLICK, MD 10/18/2010 04 38 PM

EXHIBIT C
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JARZYNSKA JR, RICHARD



UPMC | University of Pittsburgh Medical Center

*Western Psychiatric Institute and Clinic**Western Psychiatric Institute and Clinic is part of UPMC Presbyterian Shadyside*

JARZYNSKA JR, RICHARD Patient ID: 00095180

Program: WPIC/ER/PEIS/7926
Service Date: 09/28/2010 07:54 PM
Physician Start Time: 01 56 AM
Service: Track Zero Established Patient
Note Type: TRACK ZERO NOTE (RETURNING)
Service Provided by: PETER MURRAY, M D

CHIEF COMPLAINT / REASON FOR PRESENTATION

Upset about troubles with restless legs, concerned that may be due to Lamictal

PSYCHIATRIC HISTORY OF PRESENT ILLNESS

(including at least 1 HPI* element + any pertinent ROS* findings)

48 yo SWM active in treatment with Dr. Mullick / Gerald Price here, long dx with Bipolar Disorder (NOS vs Type I), feeling stable mood-wise lately, and in fact about to go to Kentucky to do some public speaking related to his recent publication, "Blessed With Bipolar". Has been having trouble with restless legs, even up into back and arms at times, which particularly has disturbed his sleep. Recently got information that Lamictal may be contributory, which upset him. He has been on Requip up to 3 mg (had to go down to 2 mg due to mental side effects), but this has not helped him much. He also notes that Klonopin gave him paradoxical hyperactivity once, and that Ativan slows him down mentally unacceptably. He has an appt with a neurologist coming up at some point, and is taking some supplements (Mg, Calcium, Potassium) on advice from a nutritionist, in case that will help him. He had a trial of iron supplement in the recent past as well, which was unhelpful. By the time I came to shift, the patient had long expressed his dissatisfaction at the long wait, he and I had a brief conversation about his history, and his plans for treatment, to which I added my endorsement. He will also consider asking neurologist about a sleep study.

MENTAL STATUS EXAM (complete all)**Appearance / Behavior** adult WM in neat, casual attire, pleasant**Mood / Affect** mood upset, affect euthymic, broad**Speech** normal**Thought Form / Associations** organized**Thought Content** denying any desire to harm himself or others, no delusions**Perception** denies hallucinations**Orientation to Time, Place & Person** full**Recent and Remote Memory** recent / remote events recalled consistently**Judgment / Insight** insight high, judgment good**Other (if any)****RATIONALE FOR DISCHARGE** (including lethality assessment)

Asking to leave, no evident lethality, already in treatment, appears medically stable for discharge

DISCHARGE INSTRUCTIONS (including appt time, date, location and therapist / MD, if applicable)